117000090385

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
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(Document Number)	······································
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SECRETARY OF STATE,

D. BRUCE JUN 28 2017

COVER LETTER

	Registration S Division of Co			~	
·		oldings LLC			
SUBJEC	1;	Name of Lim	ited Liability Company		
The enclo	sed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please ret	urn all corresp	ondence concerning this matter	to the following:		
		Timothy Cerruti			
			Name of Person		
		Cerruti Holdings LLC			
		•	Firm/Company		
		731 Ibis Way			
			Address		
		North Palm Beach, Fl 334	08		
			City/State and Zip Code		
		t_cerruti@cdhassoc.org			
		E-mail address: (to be used for future annual report notif	cation)	
For further	r information	concerning this matter, please c	all:		
Timothy	Cerruti		888 628-7535	TAL	2017
<u> </u>	Name	of Person	Area Code Daytime	Telephone Numbra RETARY	JUN 25 F
Enclosed	is a check for	the following amount:		E P	T I
\$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of (additional copy	Fee, f Sharlus &

MAILING ADDRESS: Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number L17000090385	ny were filed on <u>4/24/2017</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liz	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:		the name of the new
Non-Portable Office Address		2017 SEC
New Registered Office Address:	Enter Florida street address	T JUN 2
	, Florida,	Zip Code
New Registered Agent's Signature, if changing Registered Agen	nt:	
I hereby accept the appointment as registered agent and agent provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office company has been notified in writing of this change.	te performance of my duties, and I am s provided for in Chapter 605, F.S. Or,	amilian with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Timothy Cerruti	731 Ibis Way	Add
		North Palm Beach, FI 33408	☐ Remove
			Change
			Remove
			Change
			Add
			Remove
			🗖 Change
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Effective date, if other than fan effective date is listed, the date	the date of filing:	prior to date of filing or	more than 90 days after	onal) r filing.) Pursuant to 605
Note: If the date inserted in thi	s block does not meet the a	pplicable statutory fil	ing requirements, thi	s date will not be liste
locument's effective date on th	Department of State's rec	orus.		
e record specifies a dela	yed effective date, bu	t not an effective	time, at 12:01	a.m. on the earli
The 90th day after the	ecord is filed.			
June 19th	2017			
Dated		· .	··	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00